



## PAL LIFE SKILLS TRAINING SATISFACTION SURVEY

**Purpose:** The contractor must use this form to conduct an evaluation when the youth completes the training series to identify areas of improvement for the training curriculum.

**Directions:** The contractor must provide the DFPS Preparation for Adult Living (PAL) staff with a copy of this form by the 15th calendar day of the month following the month of the training series conclusion.

### CLASS INFORMATION

In the *Unique Form Number* field below, the contractor fills in a number on enough forms to distribute to each youth completing training (for example, from 1 to 10 if 10 youths have completed training). Use a different number for each form. Distribute the numbers randomly (do not assign a specific number to a specific youth).

Unique Form Number:

Class Location:

Date:

Agency:

Trainer's Name:

### EVALUATION

Please put an X in the box that best describes how you feel about the statement. For example, if you "strongly agree" with the first statement, put an X in the first column, and so on. If the statement does not describe your feelings, put an X in the N/A column.

STATEMENT	STRONGLY AGREE (YES!)	AGREE	DISAGREE	STRONGLY DISAGREE (NO!)	N/A:
1. The location was a good place to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The field trips helped me understand the topics we were learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I learned things that will help me in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The trainers clearly explained the benefits of the PAL program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The trainers knew what they were talking about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The trainers were friendly and easy to talk with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The trainers taught in ways that helped me understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The trainers let me ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was happy with the services given to me. (If not, please explain in <i>Other Comments</i> , below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Name: (Not Required)					



### COMMENTS

Which classes or topics were **most** useful to you and why?

Which classes or topics were **least** useful to you and why?

How can we make the training better?



Other Comments:

**FOR CONTRACTOR USE ONLY**

Date provided to DFPS staff: